



Child Care Services

The Child Care Services (CCS) helps parents who are striving to become self-sufficient by giving them more choices in childcare arrangements.

To be eligible for child care services:

- The family should have a total gross income that does not exceed 200% of the Federal Poverty Guidelines.
- Parent(s) must be participating in training, education or employment activities. A minimum of 25 hours a week for a single parent household and 50 hours per week for a two-parent household.

CCS also considers:

- All income received in the household
- *The family composition and benefits received*

If you are eligible, you will be asked to present the following information during your intake appointment:

- Social Security Card and Birth Certificate, hospital record or Medicaid letter for each child in the family
- Proof of current residency (example: Utility bill or lease agreement).
- Three most recent, consecutive paycheck stubs from current employer for each working member of the family. An employment verification form may be used **only** if it is new employment. *This includes income from anyone 14 years or older.*
- Current school schedule, transcripts and financial aid documentation. Transcripts must show your major concentration of training, which must be an AWS Target Occupation.
- Three-month history of all child support payments if paid by the Attorney General even if amount is \$0 or a letter from the parent stating the specific amount and how often received, to include name and phone number.
- Proof of benefit(s), such as Food Stamps, Medicaid, TANF (AFDC), SSI or other benefits.
- Current valid picture I D from each parent / caretaker.
- If self-employed or paid in cash, provide entire copy of last year's tax return. You must also submit an itemized list and receipts for all expenses paid and payments received for the service(s) you are providing.
- If your child has a disability, the current disability documentation. (Examples: letter from a doctor, IFSP from an Early Childhood Program or the IEP from the school)

702 San Pedro, Suite 100 San Antonio, TX 78212

210-246-5241- Fax

210-246-5200 – Information / 246-5240 - Eligibility

The City of San Antonio is an Equal Opportunity Employer



City of San Antonio Child Care Delivery System Application Form

Date:

Note: *Your application will be returned if you fail to complete all applicable sections.*

Case Information *(Mother or Father)*

Name: <i>Last, First, MI</i>		Date of Birth:	Social Security Number:	Sex:	Ethnicity:
Address:		Apt #:	City/State:	Zip Code:	Race:
Mailing Address <i>(if different)</i> :				County:	
Home Phone:	Work Phone:	Cell Phone:	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	
			<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Place of Employment:		Work schedule (ex. M-F 8am-5pm)	Hire Date:		
Address:		Number of hours you work weekly:			
Hourly Pay Rate:	Income before taxes:	Pay Frequency :	Other Income:		
\$ _____	\$ _____/mo	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Tips \$ _____ <input type="checkbox"/> Commission \$ _____/mo <input type="checkbox"/> Workman's Comp \$ _____ <input type="checkbox"/> Bonuses \$ _____ <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> None		

Name of School or Training Institution:	School Schedule (ex. M-F 8am-5pm)	Hours this semester:	School start date:
Address:	Area of Concentration / Major:	Hours completed:	

Children Needing Care *(use a separate sheet if necessary)*

1. Name:	Date of Birth:	Social Security Number:	Sex:	Ethnicity:
				Race:
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is care needed? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, type of care needed:		Relationship to you:	
If yes, list disability:	<input type="checkbox"/> Full-Day <input type="checkbox"/> Part-Day <input type="checkbox"/> After School/School Age			
2. Name:	Date of Birth:	Social Security Number:	Sex:	Ethnicity:
				Race:
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is care needed? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, type of care needed:		Relationship to you:	
If yes, list disability:	<input type="checkbox"/> Full-Day <input type="checkbox"/> Part-Day <input type="checkbox"/> After School/School Age			
3. Name:	Date of Birth:	Social Security Number:	Sex:	Ethnicity:
				Race:
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is care needed? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, type of care needed:		Relationship to you:	
If yes, list disability:	<input type="checkbox"/> Full-Day <input type="checkbox"/> Part-Day <input type="checkbox"/> After School/School Age			
4. Name:	Date of Birth:	Social Security Number:	Sex:	Ethnicity:
				Race:
Does the child have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is care needed? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, type of care needed:		Relationship to you:	
If yes, list disability:	<input type="checkbox"/> Full-Day <input type="checkbox"/> Part-Day <input type="checkbox"/> After School/School Age			

****If you or other household members have a second job – please indicate also (use a separate sheet if necessary)**

Spouse or Significant Other's Information (Only if living within the same household)					
Name:		Date of Birth:	Social Security Number:	Sex:	Ethnicity: Race:
Place of Employment:		Work Schedule (ex. M-F 8am-5pm)		Work Phone:	
Address:		Number of hours you work weekly:			
Hourly Pay Rate \$ _____	Income before taxes: \$ _____/mo	Pay Frequency : <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	Other Income: <input type="checkbox"/> Tips \$ _____ <input type="checkbox"/> Bonuses \$ _____ <input type="checkbox"/> Commission \$ _____/mo <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> Workman's Comp \$ _____		
Name of School or Training Institution:		School Schedule (ex. M-F 8am-5pm)		Hours this semester:	School start date:
Address:		Area of Concentration / Major:		Hours completed:	

Family Members (not previously listed)
Total number of people in your household including self and spouse or significant other:

1. Name:	Date of Birth:	SSN:	Relationship to you:
2. Name:	Date of Birth:	SSN:	Relationship to you:
3. Name:	Date of Birth:	SSN:	Relationship to you:

Do You Receive Any of the Following?	
Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____	Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____
SSI <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____ For Whom? _____	T.A.N.F. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____ For Whom? _____
Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____	Housing Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____

Are you receiving child support or have informal financial arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, amount: \$ _____	Are you receiving child support for all your children? <input type="checkbox"/> Yes <input type="checkbox"/> No	In order to be eligible for services, it is required that you actively pursue child support for all your children. Will you agree to meet this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Income: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount & type of income _____
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I understand that by signing this form, I am applying for services from the Texas Workforce Commission or from an agency under contract with the commission. All information provided represents a complete and accurate statement of my family's (clients) circumstance at the time of application.

Head of Household Signature: _____ Date: _____

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